

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



9590 9403 0891 5223 2540 64

2. Article Number (*Transfer from service label*)

7014 3490 0000 7478 9100

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

Service Type

- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery over \$500
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9403 0891 5223 2540 64

**United States
Postal Service**

- **Sender:** Please print your name, address, and ZIP+4® in this box*



The Office Of The Clerk
U.s. District Court For The Northern Dis. Of Ohio
Carl B. Stokes U. S. Courthouse
801 W Superior Ave
Cleveland, OH 44113-1829

115 -CV-2077